Italians (should) do it better? Medicalisation and the disempowering of intimacy

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Abstract

Recent years have witnessed new processes of visibilisation of adult heterosexual men's sexuality in the public arena in Italy, culminating in discussions on sexual scandals. We explore here one of these processes: the current mediatisation of a medicalised male sexuality, which appears as a more socially legitimate and scientifically grounded new discourse on masculinity. By analysing recent social campaigns on male sexual health, we will see how, far from promoting public discussion and critical analysis, they work by re-naturalising male sexuality, and thereby restoring virilism, through the implicit reference to the highly gendered *respectability* and *predatory* sexual scripts and disempowering *intimacy* as a new sexual script promoting a situational and more symmetric understanding of gender.

Keywords: medicalisation, heterosexuality, masculinity, sexual script, virilism.

Introduction

Heterosexual men's sexuality has been invisible and silenced in Italian public discourse (Ross 2010; Bertone and Ferrero Camoletto 2011). This invisibility has been sustained through a naturalisation of gendered and sexual identities, reproducing gender hierarchy and heteronormativity, which in Italy has been embedded within a specific historical configuration of virilist ideology[1].

Recent years have witnessed new processes of visibilisation of adult heterosexual men's sexuality in the public arena, largely under the form of mediatised sexual scandals, as in the emblematic case of Berlusconi's sexual affairs (Boni 2008). The medicalisation of male sexuality in the public sphere is another means of visibilisation, appearing as a more socially legitimate and scientifically grounded new public discourse on masculinity. This process can be understood as part of a more global trend, led by an alliance between expert discourses of specialised physicians (such as urologists and andrologists) and marketing strategies by pharmaceutical multinational companies. In some countries, like in the Usa, pharmaceutical companies directly address their target population with marketing campaigns to physicians and advertisments to consumers (Loe 2004; Wienke 2005). In Italy, since direct-to-consumer advertising of prescription drugs is not allowed, insistent social campaigns have started to

[1] We refer here to the ideology of virility as a specific configuration of masculinism which has been described regarding Italy; see for instance Spackman (1996).

problematise a plurality of dimensions of male sexual lifestyles and life courses and to endorse their fixing through medical treatments and pharmaceutical devices.

Our analysis focuses upon these social campaigns, promoted by professional associations of physicians (urologists, andrologists, and the self-labelled professional category of 'physicians of sexuality') and supported, in most of the cases, both by institutional bodies (including the Ministry of Health) and by pharmaceutical companies.

We move at the intersection of different strands of scientific literature. Research on medicalisation (Conrad 2007; Riska 2004) helps us to focus upon the definition process and upon power relations among different social actors (experts/lay relations; gender relations; etc.). In order to analyse how in these social campaigns, by defining male sexual dysfunctions and their treatment, medical discourse constructs not only a notion of 'male sexual health', but also of 'male sexuality' and 'masculinity', we adopt the conceptual tool of *sexual scripts* (Gagnon and Simon 1973; Simon and Gagnon 1986), and in particular of *cultural sexual scripts*, as cultural scenarios supplying general instructions for sexual conduct, defining the actors, the contexts and the actions which are considered socially appropriate.

We show that, far from opening spaces for a de-naturalisation of male sexuality and masculinity, this form of visibility through medicalisation actually works by re-naturalising male sexuality through the implicit reference to the highly gendered *respectability* and *predatory* sexual scripts and disempowering *intimacy* as a new sexual script promoting a situational and more symmetric understanding of gender.

In the way in which recent medical discourse works as a powerful symbolic resource to restore virilised masculinity, we identify both an anatomo-politics of the male body focused on sexual functioning and re-naturalising gender differences and a biopolitics of the male population, targeting men as an object of control and intervention by medicalised expert knowledge (Foucault 1976).

The historical legacy of virilism

The cultural construction of masculinity in Italy has been described through a focus on virilism as an ideology emphasising gender differences and hierarchy, and grounding these differences upon naturalisation.

Virilism as a defensive reinvention of hegemonic masculinity in the face of radical social changes can be traced back to the processes of modernisation of Italian society, which entailed increased women's participation in the political and social field. It was in the fascist era, however, that virilism was adopted as a core feature to maintain political power and a

hierarchical and authoritarian organisation of society, while constructing a modern mass society (Bellassai 2011; Benadusi 2005). Virilism anchored an anti-modernist and anti-bourgeois praise of the rural family to the reproduction of hierarchical gender relations, sustaining a misogynist view of the 'new women' who were claiming autonomy and participation in the public space. The virilist image of manhood celebrated "the cult of youth, duty, sacrifice and heroic virtues, strength and vigour, obedience, authority and physical and sexual potency" (Spackman 1996, XII).

Two different types of sexual scripts were supposed to inform the male life course, and the ideal virile man was expected to embody both of them successfully (Bertone, Ferrero Camoletto 2009). A first phase of sexual experimentation in youth was centered upon the *predatory script*, with sex assuming the meaning of an assertion of masculinity. The need for recognition by the homosocial environment is the key feature of this script. The idea of sex as the expression of a biological need for physiological release and of a natural drive for conquest implies that men are the only active players in a performance centered upon intercourse; male orgasm is taken for granted, while female orgasm is relevant only as a proof of male potency. Transition to adulthood was supposed to involve marriage and, within it, the move to a respectable sexuality. Sharing with the previous script the assumption of a biologically-driven male sexuality, the *respectability script* stresses at the same time the importance for men of being in control, linked to values of respect and responsibility. Men must restrain their sexual desire for quantity and variety in order to perform a sexuality aimed at reproduction and couple maintenance, and to respect their wives. Within a vision of highly differentiated sexual and gender roles women's sexuality is supposed to be passive and led by feelings, and to function as gatekeeper for the control of men's drives. The construction of male sexual drive as naturally oriented to conquest justifies however the expectation that marriage would not always be able to contain it, and thus the possibility, for men, of combining the two scripts in a double-standard.

The fascist élite, openly performed this legitimised sexual double-standard. Fascism accentuated the predatory traits of adult male sexuality, including its connection to violence and a militarised masculinity (Bellassai 2011; Mosse 1985) as a way to counterbalance the potentially de-virilising implications of (bourgeois) respectability. As for the masses, while fascism endorsed, and enforced, the highly restrictive Catholic sexual ethics centered on procreation, it also largely tolerated the sexual double-standard, which was even legitimised in family law. The Civil Code entailed a differential treatment of adultery: men's extramarital sexual relations could be a legitimate ground for separation only if they caused public

scandal, while adultery by women was straightforwardly criminalised. In the Criminal Code honour was considered a mitigating circumstance for a man who killed his wife, sister or daughter caught in unlawful sexual behaviour.

Fascist family law, including the imposition of a procreative notion of sexuality by criminalising information on contraception and abortion, remained largely unchanged until the end of the Sixties. The differential treatment of adultery was abolished by the Constitutional Court in 1968, but a comprehensive reform of family law only took place in 1975. Honour crime was only abolished in 1981. The slow pace of legal change corresponded to strong continuities characterising public values and social regulation of gender roles, family relations, and sexuality (Bellassai 2006).

In the years of the economic boom, an increasing mass access to consumer culture and a middle-class lifestyle started to disempower the anti-bourgeois bases of virilist ideology. At the same time, women's growing protagonism in the labour market and in the public sphere openly questioned a construction of heterosexuality based on gender hierarchies, including the notion of male sexual agency and female passivity implied by the predatory and respectability scripts. These scripts were then openly challenged by the Seventies' outbreak of a feminist public discourse making claims for women's entitlement to sexual pleasure and to control over reproduction.

Other scripts emerged as an alternative providing a (more) common frame for men's and women's sexuality, based on gender equality and on a negotiated construction of heterosexuality, while still keeping a heteronormative foundation. The *intimacy* script is based upon a notion of the couple as a site of emotional closeness and disclosure between equals, with sex being a crucial means for achieving them (Giddens 1993; Jamieson 1998). It is the couple itself that contingently negotiates and constructs shared rules and meanings, including those regarding sexuality; both men and women are required to engage with sexual and emotional labour. Some features of this script may potentially challenge core elements of virilism: in particular, the vision of sexuality as a contingent construction of heterosexual interaction can question the naturalisation of male desire as a core foundation of masculinity, and of gender differentiation.

However, research on sexuality shows that, although the intimacy script has become hegemonic in giving sense to the relational context in which sexuality takes place, its more radical (constructionist and degendering) implications are far from being incorporated in

attitudes and behaviour. Results on attitudes of a recent national survey in Italy[2] show that, while more outright definitions of women's passivity are rejected, some basic assumptions regarding male sexuality remain largely unchallenged. If the the idea that "a respectable woman does not openly show interest in sex" has become minoritarian (34%), the naturalising notion that "men have stronger sexual needs than women" is shared by a large majority of Italians (66%), without any relevant variation between men and women or according to age or education. Another hint of the persistence of the view of unavoidably predatory male sexuality is the support for the idea that "men, while sexually provoked, can hardly stop", shared by 47% of the population, to an equal extent by men and women, and still supported by the majority of the youngest, under 23 (Bertone 2010).

This picture of individual attitudes on sexuality reminds us that some of virilism's core assumptions continue to permeate Italian culture, although, as Bellassai (2011) has recently argued, virilism as an outspoken ideology seems to be losing social legitimacy.

Traits of a potentially de-virilising cultural shift have been identified in the visibility, since the last decades of the 20th century, of the male body, which has been increasingly visually represented in the media, being exposed to public scrutiny (Boni 2004; Bordo 1999; Bellassai 2011). Virility, it has been argued, is under threat when the male sexed body becomes the object of the spectator gaze and of practices of self-care, focusing on male beauty and health. This aesthetisation of the male body goes along with its increasing medicalisation: these processes carry therefore potentially de-virilising implications, but, as we will see in the specific case of medicalisation which is addressed in this article, these implications can be effectively neutralised.

Masculinities to be fixed: at the core of medicalisation

The medicalisation of social life refers to the expanding use of medical 'frames' to understand social phenomena. The key element is the definition of non-medical situations as medical problems, and their treatment in medical terms, as diseases (Conrad 2007). This diagnostic expansion and flexibility accompany the creation and promotion of drugs which do not treat life-threatening diseases, but rather life-limiting conditions in order to improve the quality of life (Loe 2004). The medicalisation of social life should not be reduced solely to the dominance of medical professions: by shaping the definition of reality, medicine as an expert

[2] Survey on Italians' Sexuality (ISI), carried out in 2006 on a sample of 3058 Italian residents aged between 18 and 69, representative of the general national population. The survey was accompanied by 120 semi-structured biographical interviews with women and men of the same age. The results of the research were published in Barbagli, Dalla Zuanna and Garelli (2010).

knowledge-system impinges upon how lay people perceive and manage their bodies. Medicalisation therefore keeps up with individualisation of body management, where care is increasingly a matter of individual responsibility and self-discipline (Riska 2004).

In the construction of masculinity, medicalisation is now a core aspect, as a result of the redefinition of ageing as a pathological process and the promotion of the expectations of a lifelong active physicality (Gott 2005; Marshall and Katz 2002; Katz and Marshall 2004).

International literature acknowledged the "Viagra phenomenon" as a peculiar case of a construction of masculinity through medicalised practices. "As male bodies digress from normal (erect and penetrating) sexuality, techno-scientific advances promise to fix the problem, and thus the patriarchal machine" (Loe 2001, 97), producing and reshaping gender and sexuality. When Viagra was launched in 1998 (followed by other drugs, like Cialis and Levitra, in 2003), in many Western countries, starting from the USA, drug companies promoted huge marketing campaigns, witnessing an alliance among different social actors (physicians, pharmaceutical companies and the media) in medicalising male sexuality and in the construction of specific hierarchies of masculinities, legitimising, and being legitimised by, new expert knowledge. (Tiefer 1994; Loe 2001, 2004, 2006; Wienke 2005, 2006; Carpiano 2001).

Viagra and its competitors (Wienke 2005) introduce a shift from ED (erectile dysfunction) as a pathology to EQ (erectile quality) as a matter of satisfaction for the quality of one's erection and sexual performance. The target moves thereby from a clearly medicalised one (over-50-year-old men suffering from pathologies like prostate cancer and high blood pressure which imply erectile dysfunction as a side-effect) to an increasingly wider population of men who are dissatisfied with the 'quality' of their sexual life.

The association between men's health and sexual potency reproduces a virilist notion of masculinity and promotes the expectation of bodily functioning more effective than 'nature' itself, since it erases the uncertainty and instability of sexual performance (Potts 2000). This notion of male sexuality, however, can mirror different understandings of masculinity and sexual scripts, embedded in specific cultural scenarios. In the USA, early marketing and advertising materials on Viagra focused on the representation of the respectable family man embodied by Bob Dole, the 75-year-old republican candidate for president, who suffered from prostate cancer (Loe 2004). Only with the launch of other drugs like Cialis and Levitra did advertising move towards a wider variety of sexual scripts, including also a predatory notion of readiness for casual sex and plural partners (Wienke 2005). However, the reference to the

respectability script, and therefore to Viagra and similar drugs as a treatment for restoring long-term couples' sexual life, with clearly defined gendered sexual roles, remains central.

A context that appears more similar to Italy in the construction of masculinity is France, where the arrival of Viagra triggered a defensive reaction counterposing the 'heroic French masculinity' and its long-term historical tradition of sexual potency, to the image of the weak medicalised man embodied by the American quick-fix-pill consumer (Boulé 2001). In contrast with the respectable, but someway devirilised, American politician Bob Dole, the French press brought to the fore political characters like Mitterand and Chirac, whose double-standard sexual life was well known, and accepted, by public opinion.

Finally, physicians, pharmaceutical companies and the media are clearly important in this process of medicalisation of male sexuality and masculinities (Bolla, Cardini 1999), but not decisive. Some research in the USA (Loe 2004) and in New Zealand (Potts et al. 2003, 2004) showed how people using Viagra and other similar drugs can distance themselves from the hegemonic notion of sexuality and masculinity promoted by these products, in order to construct alternative understandings and thus reveal masculinity as flexible and open to change**.** [3]

The Italian way to the medicalisation of male sexuality

Italy has also witnessed the 'Viagra phenomenon'. According to available data, in 2007 15.700.000 pills (including Viagra, Cialis and Levitra) were officially sold, without taking into account the 'black market' of internet selling: in a survey carried out by Eli Lilly in 2006 and 2008 on a sample of men using ED drugs, the percentage of purchased pills on internet grew from 7% to 16% (Mianiti 2009, 42). According to Pfizer data, in 2008 Italy ranked third in Europe for its consumption level, after the UK and Germany[4].

The Italian subsidiaries of multinational pharmaceutical companies financed research on individual consumption styles and attitudes towards the new sexually enhancing drugs[5]. In a survey on a sample of 2000 Italians aged 18-74 and representative of the national population, sponsored by Pfizer (GPF 2007), only about one out of three of those interviewed appears to be likely to use Viagra (43% as a male direct consumer and 31% as a female support for the male partner) if necessary, especially those in the central age groups (35-44 and 45-54). A

[3] The issue of consumption deserves more critical studies in Italy, while all we have is research financed by pharmaceutical companies on basic data regarding attitudes and consumption styles. A first attempt to explore Viagra and other similar drug consumers' attitudes can be found in the journalistic book by Mianiti (2009).

[4] Data available at the Italian Pfizer website.

[5] "Sexuality: a Voyage around the Couple" ("Sessualità: viaggio intorno alla coppia"), carried out by Astraricerche and financed by Eli Lilly, and "The Italians and Sexuality" ("Gli italiani e la sessualità"), carried out by GPF and sposored by Pfizer (Mianiti 2009).

little more than half of the interviewees consider morally appropriate to adopt a drug to improve their sexual performance (53%) or to restore the couple's sexual harmony (57%), with no strong differences between men's and women's responses. The social acceptability of pharmaceutical aids for sexual performance, however, is larger than the actual use (only 2% of the interviewed men).

Since direct-to-consumer advertising of prescription drugs is not allowed in Italy, pharmaceutical companies have been adopting different strategies to shape the actual and potential market[6]. An indirect marketing strategy consists in sponsoring social campaigns officially promoted by associations of medical experts and public institutions with the overt goal of informing the general population about the diffusion of men's sexual problems and promoting an effective medical treatment. By relying on international and national data, these campaigns depict male underperformance as an emerging social epidemic and as an increasing mass phenomenon.

The first one of these social campaigns was "Amare senza pensieri" ("Loving without worries"), launched in 2008, and replaced by the international campaign "No more excuses" (in Italy, "Basta scuse") in 2010, dealing with erectile dysfunction (ED) and sharing common contents throughout 14 European countries. In the press report introducing this latter campaign in Italy, erectile dysfunction is addressed as a medical problem impinging on three-and-a-half-million Italian men, about 1 out of 8, data which are suspected to be underestimated because of men's cultural resistance to asking for medical advice on sexual matters.

As part of this construction of men's sexual health as a social problem, and a public policy issue, other dimensions of inadequate male sexuality have been addressed by other social campaigns, in particular premature ejaculation (PE), covered by "Eiaculazione precoce stop" ("Stop Premature Ejaculation", launched in 2011) and juvenile risk of infertility ("Amico andrologo", "Friend-andrologist", launched in 2009, followed by "Androlife" in 2011), expanding the target of medicalised treatment to men of different age groups and proposing a so-called 'andrological lifestyle' to be adopted and kept all through life.

Table 1

Timing	**Campaign title and website**	**Issue**	**Target**	**Actors**

[6] The Viagra phenomenon has triggered, in Italy too, an expansion of a parallel market of parapharmaceutical products adopting a direct-to-consumer marketing strategy..

2008-09	Amare senza pensieri (Loving without thoughts) www.amaresenzapensieri.it	Erectile dysfuntion (ED)	Men 40-70	SIAMS (Italian Society Physicians of Sexuality) SIA (Italian Society of Andrologists) SIU (Italian Society of Urologists) Ministry of Health
2010-2012	Basta scuse (No more excuses) www.bastascuse.it	Erectile dysfuntion (ED)	Men 40-70	SIAMS SIA SIU Ministry of Health Eli Lilly
From 2009	Amico Andrologo (Friend Andrologist) www.amicoandrologo.it	Male sexual and reproductive health	Young men	University "La Sapienza" SIAMS Ministry of Health Salute
From 2011	Androlife www.androlife.it	Male sexual and reproductive health	Men from 18	University "La Sapienza" SIAMS Ministry of Health CONI Italian Red Cross
2011-2012	Eiaculazioneprecocestop (Stop Premature Ejaculation) www.eiaculazioneprecocestop.it	Premature Ejaculation (PE)	Men	SIAMS SIA SIU Janssen-Cilag

These social campaigns are organised through internet websites providing various material: scientific informations, interviews with medical experts, self-diagnostical tests, patients' stories, educational videos, brochures to be downloaded, lists of physicians to be contacted, etc.. Some of them also used other media to widen their visibility: "Basta scuse" was presented to a larger audience through video broadcast on main national tv channels and advertisments in newspapers (also in sports newspapers) and magazines. In our analysis of these social campaigns, we therefore draw on content analysis of a wide range of documentary material. Since the core aspect of medicalisation is definition (Conrad 2007), in the content analysis we identify narrative elements and interpretative frames that reproduce 'old' and 'new' cultural sexual scripts and socially available models of masculinity. We therefore explore how, and to what extent medicalised discourses of male sexuality support and reproduce a notion of masculinity amplifying and naturalising gender difference, thereby upholding some basic features of Italian virilism.

Mapping the field: male sexual health as a new public issue

All the analysed campaigns are promoted by medical expert organizations, together with other public and private institutions, and partly sponsored by pharmaceutical companies. While structuring the field of their practical intervention, this mixture of social actors also constructs

a medical definition of male sexuality standards and sets the political agenda: by thematising the spreading of male sexual dysfunctions, they not only inform about a disease, its symptoms and impact, and provide a variety of solutions, but they also define male sexual health as a public policies issue (Riska 2004; Kempner 2006).

The medical discourse on male sexual health assumes, and legitimates, the centrality of sexuality for men's lives and for the eroticised heterosexual couple's harmony. In fact, heterosexuality is represented as a taken for granted scenario and as a site for the reproduction of both the individual's and the couple's wellbeing. In the "Basta Scuse" website, the subtitle/claim "Love again" directly links the quality of male sexual performance to the maintenance of the loving couple. Similarly, in the "Eiaculazioneprecocestop" website, educational videos and patients' interviews are centered upon premature ejaculation as a couple problem to be managed by the couple as a whole, even though with a gendered division of emotional labour, as we will see later.

Covered by a seemingly gender-neutral register (expecting each partner to take part in the construction of shared wellbeing), the sexual health issue focuses here on man's responsibilities for undertaking his 'natural' sexual role. Male sexual health means that "the 'function' is 'successful' intercourse, which is 'functional' for the couple, which is 'functional' for society". (Marshall and Katz 2002, 134).

Similarly to marketing campaigns analysed in previous research on the American context, Italian social campaigns too appeal to patients, presenting male sexual health as a matter of lifestyle self-surveillance. If in more disease-focused campaigns (against ED and PE) we already witness a shift from the treatment of a specific dysfunction to attention towards the quality of sexual life all along the individual's and the couple's lifecourse, in the "Androlife" campaign we find a direct proposal of an "andrological lifestyle", requiring men to adopt self-caring attitudes and responsibilities.

At the same time, male sexual health as a new public discourse is constructed as a medical issue (Giami 2008) to be managed through emerging hegemonic expert knowledge (mainly embodied by andrologists), marginalising other bodies of knowledge with a more psycho-therapeutic approach[7].

[7] A recent document from the Ministry of Health explicitly endorses the introduction of the andrologist into public family clinics, which in Italy were a victory for the feminist movement (Law n. 405/1975) and have previously included, as medical experts, only gynaecologists and obstetricians (Bevere et al. 2012).

Defining the threat to male sexual health: from abnormal to normal male sexuality

Previous research (Loe 2001, 2004) has underlined, in marketing campaigns as well as in medical expert discourses, the explicit conflation of masculinity and sexuality by referring to a common-sense notion of sexuality as a proving ground for masculinity. Male sexuality is reduced to the functioning penis, with the overlapping of loss of erectile function and loss of manhood (Potts 2000). In this perspective, medical discourse reproduces and legitimates, within a scientific frame, more stereotypical notions of masculinity. Similarly to advertisment in other countries, in Italian social campaigns the suggested pharmaceutical treatment "emerges as a gendered drug, transmitting cultural scripts which serve as enforcers of normatively gendered expressions of sex and sexuality" (Mamo and Fishman 2001, 20).

The social campaigns take an ambivalent position with reference to basic cultural assumptions on male sexuality. In all the three main campaign websites, “Basta scuse”, “Amico andrologo” and “Eiaculazioneprecocestop”, there are specific headings dealing with ‘false myths’, stereotypes and other cultural constructions endangering an appropriate, scientific approach to male sexual health: the anxiety about penis dimension, uncorrect contraceptive practices etc.

At the same time, some stereotypical assumptions are acknowledged and partially justified: anxiety for performance and fear of sexual failure are redefined within the medical language as widespread and somewhat normalised male attitudes. In ED and PE idealtypical patients’ stories, the female partners always show sensitivity and complicity with men’s obsession with the quality of sexual performance.

The overall message defines sub/abnormal and normal male sexualities as two sides of the same coin: underperformance as a universal male fear and sexual enhancement as the solution for everyone. Medicalisation entails male enhancement towards an idealised hypernormality: always-ready, always-in-control. The self-diagnosis test (IIEF-5) proposed by the ED campaign depicts a sexually healthy man whose erection is easy and instant, strong enough to penetrate, durable until the end of intercourse, and thereby satisfactory. Accordingly, the PE campaign portraits a normal man who is always in control of his performance, granting his own and his female partner’s pleasure.

Underpinning this expected normality is the ’hydraulic’ and ‘sex-machine’ notion of male sexuality (Weeks 1985; Plummer 2005). This notion is typical of the predatory script, in which men are supposed to be always ready and searching for frequency and a variety of sexual practices and partners. In the social campaings, however, we find it more as a taken for granted assumption than as an openly praised and emphasised trait of masculinity, although

some outspoken references to this notion can be detected. The erectile mechanism is described as a "spontaneous" and "natural" reaction to a stimulus.[8] The characteristics defining the quality of erection, besides, remind one of 'mechanical features: speed and responsiveness, solidity, volume, duration.

The campaigns rather frame male sexuality within a respectability script: sexual dysfunction is located within a heterosexual-couple context, and men are supposed to restore their ability to "love again", and thereby to accomplish their marital duty. In "Amico andrologo" and "Androlife", another element of the respectability sexual script is at stake: male fertility as the condition for fully performing the marital role.

However, we can also find some hints of a double-standard, with extramarital relations as an occasion for unmasking, and addressing, the problem. In "Eiaculazioneprecocestop", the story of Angelo, suffering for "not being able to perform his *duties* as a *man*, as a *husband* and also as a *lover*"[9], is presented as a very common experience of those men who end up with a PE diagnosis.[10] On the other hand, a more open support to the predatory script as the basis for recreational sex is rare: we just find it in relation to sexual socialisation of adolescents, for instance, in "Amico andrologo", where the typical erotic fantasy of the nurse is evoked, although as a source for anxiety about the young man's performance.

At the core of naturalisation: desire and pleasure

A striking aspect of the social campaigns is the absence of an explicit discourse on male desire. While bodily mechanism can be unpredictable, therefore requiring to be fixed so to be again under control, male sexual desire is assumed as always present and unproblematic (Mamo and Fishman 2001). Sexual dysfunction is defined by the inability to adequately perform or to give proper satisfaction to this omnipresent desire. The medical definition of ED and PE privileges bio-physiological (in both about 80% of the cases) rather than psychological and social explanations. A man who avoids sexual intercourse is always depicted as moved by anxiety and fear of failing, not by lack of desire: "I only last 30 seconds and I avoid my wife: what kind of man am I?" ("Eiaculazioneprecocestop"). This is a recurrent theme deployed in medical explanations, in male patients' accounts and also in their female partners' comments reported in the campaigns. Women in turn are expected to help

[8] Pfizer's marketing campaigns have always insisted on the "naturalness" of the pharmaceutical effect, avoiding the stigmatisation and ridiculisation of an 'abnormal' ongoing hard-on (Loe 2004).

[9] The use of Italics in the quotation is our underlining.

[10] The double-standard as therapeutic device is outspokenly recommended by one of the physicians interviewed by Mianiti (2009).

men facing 'the real problem', with no more excuses, defining the situation as a matter of functionality rather than of desire. This way of framing the problem mirrors the emphasis on pharmaceutical treatment as the most advanced and adequate solution, conflating the problem with its symptoms. We see here the implication of medicalisation in constructing and commodifying not only a disease and its treatment, but also a notion of an always desiring masculinity. In the male sex machine model, desire, performance and pleasure are conflated: desire is naturalised, and thereby decontextualised, in its presence, in its expressions (penetrative sex) and in the forms of its release (orgasm).

Male pleasure is an expected outcome of normally functioning sexual activity, but, as we have remarked about desire, it remains undefined, given its assumed coincidence with orgasm and ejaculation: for instance, in the IIEF-5 test, adequate erection is defined as the one lasting "until the end of the sexual penetrative act". Men's pleasure is thematised when it occurs as a problem: as a matter of lack of control in its timing (too early) in the PE campaign and as a matter of quality of male sexual satisfaction in the ED campaigns. Accordingly, women's pleasure is defined as a by-product of a man's sexual skills in performing intercourse (without any reference to other sexual practices) and thereby as a man's problem: keeping control upon one's capacity to give pleasure to the partner is the testing ground for masculinity, reproducing the pleasure of being a real/proper man (Ferrero Camoletto and Bertone 2010).

Fixing the medicalised sexual dysfunction allows men to rediscover other pleasurable dimensions of their masculinity: the courage to disclose one's inner fears and anxieties, the firmness to face and solve difficulties, the moral strength to keep the couple alive, the ability to take the lead in one's life and to take control over one's body. For men especially, failure to exert influence over the physical corresponds to a failure of the 'self' (Potts 2000). Medicalisation of sexual dysfunctions, therefore, displays the centrality of bodily control in the pleasure of doing masculinity. This pleasure is constructed within homosocial contexts, with reference to other men's gaze (mainly the experts') and men's yardstick (the idealised virilised man).

These campaigns seem to distance from the notion of the respectable passive woman by representing women taking an active role both in expressing their desire for sex and in encouraging and supporting communication within the couple: "share your emotions", "listen to his silence" ("Eiaculazioneprecocestop"). To a closer look, however, women are not recognised a full agency in terms of the power to define what is desirable and pleasurable for them. In the PE campaign, the woman is considered with a "healthy sexuality" when she maintains sexual interest in sexual intercourse, thereby sustaining her partner's quest for full

functionality: women have "the need of a full sexuality, fundamental for the couple, for her ego and for her health". As a countertype, the woman with a "problematic sexuality" is defined as "sexually illiterate", passive, escaping from her duty to keep the couple sexual life up to the expected standard. Another countertype is the demanding "femme fatale", rather a lover than a wife, centered upon her needs, presented as a source of men's fears and anxieties about their sexual performance.

Naturalising sexuality, disempowering intimacy.

Our analysis of social campaigns shows their convergence towards a re-naturalisation of male sexuality. Normal sex, for men, entails a natural physical functionality, embodied in an always-ready erection and in an always-under-control ejaculation. The ED campaigns openly sets the opposition between a commonsensical notion of male sexuality ("excuses") depending on contextual conditions (psychological, relational), which is marginalised, and a more scientific, and effective, discourse on male physical mechanisms to be fixed. We can see several evidences of such de-contextualisation in the standardisation of the campaigns' contents: scientific data on diffusion and causes of ED and PE are often taken from different contexts (mainly USA); self-diagnostic tests refer to undefined notions of "sexual functioning" or "sexual satisfaction"; in the European "No more excuses" campaign even the patients' stories are literally reproduced in different countries' websites.

This sex machine, however, needs artificial treatment to restore its functionality. The social campaigns (similarly to the pharmaceutical companies advertisements analysed by Loe 2004 and Wienke 2005) deploy effective strategies to neutralise this paradox: pharmaceutical treatments restore men's ability to perform their always present sexual desire, only fixing a temporarily 'out of service' bodily mechanism. In so doing, they re-establish the authenticity of the male sexual functioning.

Naturalisation might seem an intrinsic implication of medical discourse, but we can also trace its importance as an ideological foundation of a hierarchical gender order (Jackson and Scott 2010). Under the form of a new medicalised virilism, it can be interpreted as a reactive restoration of masculinity against the threats of a psycho-therapeutic culture and of an ideology of gender equality, both embedded in the intimacy script. This script, in fact, endangers the bases of naturalised masculinity by providing a situational and negotiated definition of sexual and gender relations, opening space for a contextualised vision of male sexual desire and for plural understandings and experiences of men's sexuality.

In the social campaigns we find references to this script that seemingly reproduce it, but we argue, instead, that they work at disempowering it. The outspoken model of sexuality promoted by these campaigns depicts reciprocity and equality between men and women as basic requirements. We have seen, however, how women's sexual desire and room for agency are reduced to a supportive role to male performance, and how a seeming attention to women's pleasure is turned into a confirming ground for male sexual potency, which is strictly expressed through intercourse with no mention of women's other possible preferences and sources of pleasure.

Another fundamental dimension of the intimacy script is the identification of the couple as the core context of production and negotiation of meanings regarding sexuality and gender, thereby decentering male homosociality (Bertone and Ferrero Camoletto 2009). The importance for both partners to engage in disclosure and communication within the couple is strongly emphasised in the campaigns, but it turns out as a rethorical device for a re-gendering of emotional labour as a woman's skill and duty (Duncombe and Marsden 1996). Women's responsibility for managing communication within the couple is reduced to mediating men's access to a medical framing of the problem. In this way, the legitimate site for constructing male sexual health and masculinity gets displaced, in a sort of "silent movement to doctors' offices, internet pharmacies and men's clinics [...]" (Loe 2006, 30), from the couple to the medical setting as a male homosocial context (Flood 2008). In the campaigns, in fact, virtually all medical testimonials are men (a female gynaecologist only turns up as an interviewer to a male physician). The character of the male physician, besides, not only adopts the role of the expert, but also of a sensitive and supportive friend: one of the campaigns, targeted more specifically at young men, openly emphasises this position in its title, "Friend-Andrologist". The doctor-patient encounter is represented as a "chat among males" in a patient's account in "Basta scuse", or as an active listening setting in an educational video in the PE campaign. In "Amico andrologo", the andrological check-up is presented as a desirable replacement to the once compulsory physical exam for entrance into the Army.

CONCLUSIONS

The social campaigns we have analysed show that, in Italy too, a convergence of powerful actors is involved in the development of a new public discourse on masculinity, with the construction of a medicalised virilism.

We see here the signs of a biopolitics redefining male sexuality at the same time as biologically driven and techno-medically enhanced. On the one hand, this biopolitics works as an anatomo-politics of the male body: it designs a geography of the body as a sex machine, with sexuality being reduced to the functioning of the intercourse mechanism (erection-ejaculation). The possibility of variable and contextual male desire is written out of this mechanism. The naturalisation of desire sets the standard of male sexual performance, which needs bio-techno-medicine to live up to the always-ready and always-in-control 'healthy' male body. On the other hand, male sexual health is defined as "a question of health and social relevance", as a recent document from the Ministry of Health states (Bevere et al. 2012, IX), outlining a biopolitics of the male population. Epidemiological data provide scientific legitimacy to a notion of male underperformance as an extremely widespread problem, which is going to spread even further due to the ageing of the population.[11] The definition of this problem in terms not only of men's quality of sexual life, but also of the couple's stability and reproductive health makes it a social emergency to be addressed by public policy.

By renaturalising male sexuality, medical discourse also upholds a construction of masculinity resisting the challenges of a more symmetrical and contextual understanding of gender relations implied by the intimacy script. In Italy this discourse feeds upon, and is fed by, a social structure of strong gender inequalities, a historically well-rooted virilist ideology, and the persistence of highly-gendered sexual scripts supporting the double standard.

The image of Italy as the site of the persistence, and even resurgence, of virilism has been widely represented in national and international media debate, focusing on political sexual scandals like the Berlusconi case. Our article concentrates attention on a less evident but potentially very influential process of restoration of virilist masculinity: social campaigns show an Italian way to the medicalisation of male sexual health, rebuilding the foundations of a naturalised image of man under a scientifically-legitimised male gaze.

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[11] "Recent statistics demonstrate that about 5 million people suffer from sexuality-connected problems. The most frequent of these among men are erectile and ejaculatory dysfunction". (Bevere et al. 2012, 24). The incidence of premature ejaculation is estimated at 20%, more than 4 million males.

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